

Fill in this information to identify the case and this filing:

Debtor Name Interactive Health Benefits LLC
United States Bankruptcy Court for the: Eastern District of Michigan
(State)
Case number (If known): 24-43778-mlo

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: *List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 11, 2024
MM / DD / YYYY

X /s/ Todd Covert

Signature of individual signing on behalf of debtor

Todd Covert

Printed name

Chief Executive Officer and Sole Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Interactive Health Benefits LLC
United States Bankruptcy Court for the: Eastern District of Michigan
(State)
Case number (If known): 24-43778

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 1,281,549.46

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 1,281,549.46

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 2,810,610.81

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 2,810,610.81

Fill in this information to identify the case:

Debtor name	Interactive Health Benefits LLC
United States Bankruptcy Court for the:	Eastern District of Michigan
Case number (If known):	24-43778

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ 0.00		
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Fifth Third Bank	Checking	9 4 8 5	\$ 1,030,203.64
3.2. Fifth Third Bank	Money Market	4 1 2 6	\$ 26,954.90
4. Other cash equivalents (Identify all)			
4.1. _____	\$ _____		
4.2. _____	\$ _____		
5. Total of Part 1	\$ 1,057,158.54		

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Hiscox Insurance (repayment for insurance premium - Business Owners)	\$ 60.83
8.2. See continuation sheet	\$ 34,138.27

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 34,199.10

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

No. Go to Part 4.
 Yes. Fill in the information below.

11. Accounts receivable

		Current value of debtor's interest
11a. 90 days old or less:	197,768.69 face amount	\$ 177,991.82
11b. Over 90 days old:	1,550.00 face amount	\$ 0.00

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 177,991.82

Part 4: Investments**13. Does the debtor own any investments?**

No. Go to Part 5.
 Yes. Fill in the information below.

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:	Valuation method used for current value	Current value of debtor's interest
14.1. _____	\$ _____	\$ _____
14.2. _____	\$ _____	\$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:	% of ownership:	
15.1. IHB Holding, LLC	70 %	\$ Unknown
15.2. _____	% _____	\$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. West Bend Insurance - ERISA Bond (401(k) Plan)	\$ Unknown
16.2. _____	\$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

_____ MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

_____ MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

_____ MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

_____ MM / DD / YYYY \$ _____ \$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ _____

24. Is any of the property listed in Part 5 perishable? No
 Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?** No
 Yes. Book value _____ Valuation method _____ Current value _____**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?** No
 Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?** No Yes. Is any of the debtor's property stored at the cooperative? No Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____36. **Is a depreciation schedule available for any of the property listed in Part 6?** No Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.39. **Office furniture**

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

40. **Office fixtures**41. **Office equipment, including all computer equipment and communication systems equipment and software**

Laptop computers

\$ _____	_____	\$ _____
\$ _____	_____	\$ _____
\$ _____	online appraisal	\$ 12,200.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1 _____

\$ _____

\$ _____

42.2 _____

\$ _____

\$ _____

42.3 _____

\$ _____

. \$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 12,200.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?** No Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment
(excluding farm machinery and equipment)**

\$ _____	_____	\$ _____
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9? No
 Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?** No
 Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites acatrack.net _____	\$ _____	_____	Unknown \$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations Customer and Mailing Lists _____	\$ _____	_____	Unknown \$ _____
64. Other intangibles, or intellectual property Proprietary software _____	\$ _____	_____	Unknown \$ _____
65. Goodwill Goodwill _____	\$ _____	_____	Unknown \$ _____
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.	0.00	_____	\$ _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

0.00 — 0.00 = ➔ \$ 0.00
 Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year _____ \$ _____
 Tax year _____ \$ _____
 Tax year _____ \$ _____

73. Interests in insurance policies or annuities

See continuation sheet

\$ Unknown

74. Causes of action against third parties (whether or not a lawsuit has been filed)

ACA Track LLC v. Dagenais, No. 370205, Court of Appeals for MI

\$ Unknown

Nature of claim _____

Appeal of judgment _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____
 \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 1,057,158.54	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 34,199.10	
82. Accounts receivable. Copy line 12, Part 3.	\$ 177,991.82	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 12,200.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9.	\$ 0.00	→ \$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	\$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 1,281,549.46	91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	1,281,549.46	\$ 1,281,549.46

Continuation Sheet for Official Form 206 A/B

8) Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

General description	Current value
Google (prepayment for subscription for services)	\$1,199.96
Adobe (prepayment for subscription for services)	\$208.33
Vonage (prepayment for services)	\$343.00
Freshworks (prepayment for subscription for services)	\$147.00
Citrix/Sharefile (prepayment for services)	\$1,298.21
Accident Fund Insurance Company of America (prepayment of insurance premiums)	\$1,011.00
California Department of Tax & Fee Administration (prepayment of franchise tax)	\$800.00
ZoHo Corporation (prepayment for services)	\$900.00
USPS (prepayment for P.O. Box)	\$256.00
Lead411 (prepayment for services)	\$711.00
Society of Human Resources Manager (prepayment for services)	\$439.00
Basecamp (prepayment for subscription for services)	\$180.00
KnowBe4 (prepayment for services)	\$1,976.00
TMetric (prepayment for services)	\$1,610.00
Citrix/Sharefile (prepayment for services)	\$578.50
CNA Insurance (prepayment on insurance premiums)	\$2,824.90
United Direct Solutions (prepayment for services)	\$12,376.75
At-Bay Insurance (prepayment of insurance premiums)	\$5,328.12
Hiscox Insurance (repayment for insurance premium - professional liability)	\$1,950.50

Continuation Sheet for Official Form 206 A/B

73) Interests in insurance policies or annuities

General description	Current value
Accident Fund Insurance Company of America - Workers' Compensation Policy, Policy No. -2443	Unknown
At-Bay Specialty Insurance Company - Cyber Insurance Policy, Policy No. -26-02	Unknown
Hiscox Insurance Company Inc. - Professional Liability (US Direct Errors and Omissions), Policy No. -221. 9)	Unknown
Hiscox Insurance Company Inc. - Business Owners Policy, Policy No. - 404.9	Unknown
CNA Insurance - Employed Lawyers Policy -7352	Unknown

Fill in this information to identify the case:

Debtor name Interactive Health Benefits LLC
United States Bankruptcy Court for the: Eastern District of Michigan
Case number (If known): 24-43778

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Creditor's name

Describe debtor's property that is subject to a lien

Column A
Amount of claim
Do not deduct the value of collateral.

\$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Describe the lien

Date debt was incurred _____

Is the creditor an insider or related party?

No
 Yes

Last 4 digits of account number _____

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

No
 Yes. Specify each creditor, including this creditor,

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Describe the lien

Date debt was incurred _____

Is the creditor an insider or related party?

Last 4 digits of account number _____

No
 Yes

Do multiple creditors have an interest in the same property?

Is anyone else liable on this claim?

No
 Yes. Have you already specified the relative priority?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

No
 Yes. Specify each creditor, including this creditor, and its relative priority,

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if 24-43778-mlo Doc 64 Filed 05/11/24 Entered 05/11/24 19:13:33 \$ _____ Page 13 of 18

Fill in this information to identify the case:

Debtor Interactive Health Benefits LLC
United States Bankruptcy Court for the: Eastern District of Michigan
Case number (If known) 24-43778

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA, 19101-7346	As of the petition filing date, the claim is: \$ <u>Undetermined</u>	\$ _____
Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		
2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address	Date or dates debt was incurred	Last 4 digits of account number	As of the petition filing date, the claim is:		Amount of claim
				Check all that apply.		
3.1	Access Point Consulting 6081 Hamilton Boulevard Suite 600 Allentown, PA, 18106	4/2024		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Suppliers or Vendors	\$ 2,500.00
3.2	American Express PO Box 60189 City Of Industry, CA, 91716	3/2024		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Is the claim subject to offset?	
3.3	DeeVita PaaS Migration 8201 164th Ave NE Suite 200 Redmond, WA, 98052	4/2024		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Is the claim subject to offset?	
3.4	Gusto Payroll Service 525 20th street San Francisco, CA, 94107	4/2024		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Is the claim subject to offset?	
3.5	Jerry Dagenais 1101 Deer Path Trail Oxford, MI, 48371	1/17/2024		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Is the claim subject to offset?	
3.6	Microsoft Azure 6880 Sierra Center Parkway Dept. 551, Volume Licensing Reno, NV, 89511	4/2024		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Is the claim subject to offset?	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷ Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
Mutual of Omaha 3301 Dodge Street Omaha, NE, 68131	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 795.70
Basis for the claim: Suppliers or Vendors		
Date or dates debt was incurred	Is the claim subject to offset?	
4/2024	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. ⁸ Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
Sharefile/Citrix 621 Hillsborough St Suite 700 Raleigh, NC, 27603	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 578.50
Basis for the claim: Services		
Date or dates debt was incurred	Is the claim subject to offset?	
04/2024	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. ⁹ Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
Softura 23570 Haggerty Rd Farmington, MI, 48335	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 45,750.00
Basis for the claim: Suppliers or Vendors		
Date or dates debt was incurred	Is the claim subject to offset?	
3/2024 - 4/2024	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
Basis for the claim:		
Date or dates debt was incurred	Is the claim subject to offset?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
Basis for the claim:		
Date or dates debt was incurred	Is the claim subject to offset?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number		

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

5a.

\$ 0.00

5b. Total claims from Part 2

5b.

+ \$ 2,810,610.81

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c.

\$ 2,810,610.81

Fill in this information to identify the case:

Debtor name Interactive Health Benefits LLC
United States Bankruptcy Court for the: Eastern District of Michigan
Case number (if known): 24-43778

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Todd Covert	3776 Sleeth Road Commerce Township, MI 48382	American Express	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G